

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34217

1. PLACE OF DEATH  
92 County St. Charles Registration District No. 760  
Township Madame Primary Registration District No. 6001  
City St. Peters, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Henry G. Becker  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Mary E. Becker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3 - 1884</u>		
7. AGE <u>49</u>	YEARS <u>0</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Club Keeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Club</u>		
10. Date deceased last worked at this occupation (month and year) <u>Oct 2 -</u>		
11. Total time (years) spent in this occupation <u>47</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
13. NAME <u>Anton Becker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Leibfried</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Mo</u>		
17. INFORMANT <u>Aug A. Byler</u> (ADDRESS) <u>2425 N. 9th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Parish</u> DATE <u>Oct 12</u> 19 <u>33</u>		
19. UNDERTAKER <u>Henry H. H. H.</u> (ADDRESS) <u>St. Peters Mo</u>		
20. FILED <u>10/11</u> 19 <u>33</u> <u>W. C. Caldwell</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Viewed Remains Oct 10th 1933  
I have seen the body alive on Oct 10 Death is said to have occurred on the date stated above, at 3:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Natural Causes  
Probably Myocarditis  
Coroner Viewed the remains  
Coroner's Verdict  
Other contributory causes of importance:  
Neuritis affecting both arms  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physically Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury none  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify none  
(Signed) W. L. Freeman  
(Address) St. Charles Mo  
Coroner St. Charles Co. Mo.

